

METHIONINE CLASS ACTION SETTLEMENTS
PAPER CLAIM FORM (Print or Type the responses to the questions)

INFORMATION

- Claims should be completed online via the Online Registration at <http://www.vitaminsclassaction.com>. Use of the Paper Claim Form is restricted to those who do not have access to a computer with an Internet connection.
- For more information or for questions in completing the Paper Claim Form, please contact the Administrator at 1-866-669-6615.
- **To be eligible for compensation, Claim Forms must be postmarked no later than November 30, 2010.**
- You should file a Claim Form if you purchased Methionine in Canada during the January 1, 1985 to and including December 31, 1998 Class Period.
- Do not file a Claim Form if you purchased Methionine Products in Canada during the Class Period. Such class members will be compensated through distributions to national non-profit organizations.
- If you filed information about your Methionine purchases as part of the administration of the national vitamins settlement in 2005, please contact the Administrator at 1-866-669-6615.
- The Administrator will evaluate each Claim according to the Distribution Protocol. A copy of the Distribution Protocol is available at online at <http://www.vitaminsclassaction.com/documents.html> or from the Administrator at 1-866-669-6615
- The following terms are used in Sections C, E and F:
 - Class Period is the period from January 1, 1985 to and including December 31, 1998.
 - Total Purchase Price is the total amount paid in Canadian Dollars, less any rebates, delivery or shipping charges, taxes, or other forms of discount and excluding any purchases of Methionine that were released as part of the U.S. Litigation or a private settlement, for the Claimant's Methionine purchases in Canada during the Class Period.
 - Distributor is a person or entity in Canada who purchased Methionine directly from a Methionine manufacturer and resold the Methionine without further processing or including it in any other product.

SUBMITTING THE COMPLETED CLAIM

- All sections of the Claim Form must be completed or marked "N/A".
- Attach additional pages if you require additional space.
- All required supporting documents must be included with the Claim Form.
- Please ensure that the Claimant's name is printed at the top of each page of the Claim Form.
- Please retain a copy of your completed Claim Form and supporting documents for your records.
- Completed Claim Forms must be postmarked no later than November 30, 2010.
- Completed Claim Forms must be sent to the following address:
 - Administrator, Methionine Class Action Settlement
 - c/o Deloitte & Touche LLP, Suite 1400, 181 Bay Street, Toronto Ontario M5J 2V1

A. CLAIMANT INFORMATION:

In Section A, provide current information about the Claimant.

<p>Full Current Legal Name of Claimant</p> <p>NOTE: "Claimants" are all persons in Canada who purchased Methionine in Canada between January 1, 1985 to December 31, 1998, except the Defendants and certain parties related to the Defendants. Please be accurate as this information will be used by the Administrator if there is a payout for this Claim.</p>		
<p>Claimant address – line 1</p>	<p>Claimant address – line 2</p>	
<p>Claimant address – line 3</p>	<p>Claimant address – City or Town</p>	
<p>Province or State</p>	<p>Postal Code or ZIP Code</p>	<p>Country</p>
<p>Claimant Phone Number -1 (include area code and extension)</p>	<p>Claimant Phone Number -2 (include area code and extension)</p>	
<p>Claimant Email Address</p>	<p>Claimant Fax Number (include area code)</p>	
<p>Claimant is a/an (select one):</p> <p> <input type="checkbox"/> Corporation <input type="checkbox"/> Executor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trustee in Bankruptcy <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </p> <p style="text-align: center;"> If the Claimant is a Corporation, does the Corporation have more than 50 employees? <input type="checkbox"/> YES <input type="checkbox"/> NO </p>		

B. CONTACT INDIVIDUAL FOR THIS CLAIM:

In Section B, provide information about the Contact Individual for this Claim.
 The Administrator will communicate with this Contact Individual if further information with respect to the Claim is required.

First name (Contact)	Middle Name (Contact)	Surname (Contact)
Contact Phone Number-1 (include area code and extension)		Contact Phone Number-2 (include area code and extension)
Email Address of Contact Person		Contact Fax Number (include area code)

C. CLAIMANT INFORMATION DURING THE CLASS PERIOD:

In Section C, provide information about the Claimant during the Class Period.

Was the Claimant's name at the time of the Methionine purchases, which are the subject matter of this Claim, different from the Claimant's current name?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the Claimant's address at the time of the Methionine purchases, which are the subject matter of this Claim, different from the Claimant's current address?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES to either of the two questions above, provide details of the Claimant's name and/or address at the time of the Methionine purchase(s) in the space below:

Full Legal Name of Claimant at the time of the Methionine purchase(s)		
Claimant Address – line 1		Claimant Address – line 2
Claimant Address – City or Town	Province or State	Postal or Zip Code
Claimant Phone Number (include area code)		Claimant Fax Number (include area code)

D. QUESTIONS ABOUT THE CLAIMANT AND THE CLAIM:	
Please answer all questions in this Section of the Claim Form.	
Is the Claimant an "Excluded Person"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: "Excluded Person" means each Defendant, the directors and officers of each Defendant, the subsidiaries or affiliates of each Defendant, the entities in which each Defendant or any of that Defendant's subsidiaries or affiliates have a controlling interest and the legal representatives, heirs, successors and assigns of each of the foregoing.	
Is the Claimant a resident of Quebec for tax purposes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the Claimant made an assignment in bankruptcy subsequent to the Methionine purchases which are the subject matter of this Claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <u>YES</u> , provide complete details of the assignment including date of the assignment, and name and address of Trustee, in the space below (and attach evidence of this assignment when submitting the Claim):	
Did the Claimant acquire the rights that are the basis for this Claim from some other person or entity, for example, by transfer or purchase or assignment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <u>YES</u> , provide details in the space below (and attach evidence of these acquired rights when submitting the Claim):	
Has the Claimant settled or released any claim or received compensation as part of a private settlement and/or the US class action settlement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <u>YES</u> , provide details in the space below:	

E. METHIONE PURCHASES FROM DISTRIBUTOR(S):

In Section E, provide information about Methionine purchases from Distributors during the Class Period.

NOTE:

A "Distributor" means a person or entity in Canada who purchased Methionine directly from a Methionine manufacturer and resold the Methionine without further processing or including it in any other product.

Did the Claimant purchase Methionine from Distributor(s) during the Class Period? YES NO

If NO, go to Section F of this Claim Form.

If YES, complete Table 1 below.

TABLE 1: Methionine Purchases from Distributors in the Class Period.	
Complete Table 1 only if Claimant purchased Methionine from Distributors during the Class Period.	
Distributor Name and Address	Total Purchase Price of Methionine from this Distributor in the Class Period
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Supporting evidence of Methionine purchases listed in the above table is required and must be submitted with this Claim Form. Such evidence might include copies of invoices, bills, shipping receipts, etc.

F. METHIONINE PURCHASES FROM METHIONINE MANUFACTURERS:

In Section F, provide information about Methionine purchases from Methionine manufacturers, including the Defendants, during the Class Period.

<p>Did the Claimant purchase Methionine from a Methionine manufacturer(s) during the Class Period?</p> <p style="text-align: center;"><u>If NO</u>, go to Section G of this Claim Form. <u>If YES</u>, complete this Section of the Claim Form.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p>Did the Claimant purchase the Methionine directly from a Methionine manufacturer, and resell all or part of the Methionine purchased without processing them or including them in another product?</p> <p><u>If YES</u>, please indicate the proportion of the Methionine purchases that were resold without processing them or including them in another product?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">_____ %</p>
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<p>Did Claimant receive a letter from the Administrator providing details of Methionine purchases from the Settling Defendant(s)?</p> <p style="text-align: center;"><u>If YES</u>, complete Table 2 below. <u>If NO</u>, go to the top of page 7 of this Claim Form.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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TABLE 2 (SUMMARY CLAIM): Methionine Purchases from Settling Defendants in the Class Period. Complete Table 2 only if Claimant received a letter from the Administrator providing details of Methionine purchases from the Settling Defendant(s).

Settling Defendant Name	Administrator Letter Code (from upper right of letter)	Total Purchase Price of Methionine from this Settling Defendant (as stated in the letter)	Does Claimant accept the information contained in the letter?
Aventis		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Degussa		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the Claimant accepts the information contained in the letter, no further information is required in relation to Methionine purchases from the particular Defendant.

If the Claimant does not accept the information contained in the letter, the Claimant must complete Table 3 on the following page, and submit the required supporting documents.

Does the Claimant have any Methionine purchases from a Methionine manufacturer, including the Defendants, that are not included in the Summary Claim (Table 2 above)?

YES NO

If NO, go to Section G of this Claim Form.

If YES, complete Table 3 below.

TABLE 3 (DETAILED CLAIM): Methionine purchases not included in Summary Claim (Table 2).

Complete Table 2 only if the Claimant has Methionine purchases in the Class Period from a Methionine manufacturer, including the Defendants, not included in the Summary Claim (Table 2).

Name of Methionine Manufacturer	Total Purchase Price of Methionine Purchases from this Methionine manufacturer in the Class Period
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Supporting evidence of Methionine purchases in Table 3 is required and must be submitted with this Claim Form. Such evidence might include copies of invoices, bills, shipping receipts, etc.

G. CLAIM CERTIFICATIONS:

In Section G, the Claimant must certify the information provided in this Claim Form.

1. I am the Claimant or I have the authority to submit this Claim Form on behalf of the Claimant.
2. The Claimant has not opted out of the Settlement(s) under which it is claiming.
3. The Claimant is not an Excluded Person.
4. The Claimant has not previously settled or released its claim in respect of the Methionine purchases particularized in this Claim Form.
5. The Claimant has not submitted and will not submit another claim seeking to recover for the Methionine purchases included in this Claim Form.
6. The Claimant does not know of another claim being submitted to the Administrator for the Methionine purchases included in this Claim Form.
7. The Claimant has disclosed all transfers and assignments and any other information relevant to the Methionine purchases included in this Claim Form.
8. The Claimant acknowledges and agrees that the Administrator may disclose all information relating to this claim to the Courts, Class Counsel, and the Referee.
9. By signing this Claim Form, I certify that the information provided and the representations made in this Claim Form are true and correct to the best of my knowledge, information and belief and are made as if sworn under oath.

CERTIFIED AND SIGNED BY:	Print name:
	Signature:
	Relationship to Claimant: <input type="checkbox"/> Signing Officer <input type="checkbox"/> Partner <input type="checkbox"/> Successor <input type="checkbox"/> Agent